

methods were used most frequently (61), other combinations (RE or CE with IND or PRA, and BR with OBS, were rare (0–2). **CONCLUSIONS:** Although counts for pragmatic and indirect methodologies are growing, publication numbers are low compared to observational methodologies, and their explicit title relevance for RE or BR - which are both increasingly covered - still seem relatively minor. Qualitative assessments based on individual abstracts will be presented.

**PHP166****INTRA- AND EXTRA-ORGANIZATIONAL FACTORS AFFECTING COMMUNITY PHARMACY PERFORMANCE**

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**OBJECTIVES:** This study aimed to identify factors affecting community pharmacy performance and identify important items in assessing community pharmacy performance, with emphasize on Iran setting. **METHODS:** In 2014, a cross-sectional survey was conducted through a survey using a self-administered, anonymous questionnaire. The target population of this study included pharmacists involved in managing a community pharmacy, in Iran, at least for 3 years by the time of the study. The questionnaire was developed and revised based on the related literature and experts' opinions. The obtained questionnaire consisted of 3 parts, including factors influencing community pharmacy performance, items proposed for evaluating the performance of a community pharmacy, and respondents' demographics, respectively. Five point Likert scale was used in the first two sections. SPSS 16.0.0 was used to perform descriptive analysis of respondents' demographics and factor analysis of other data. The importance of each dimension was expressed as the standardized coefficients calculated by LISREL 8.50. **RESULTS:** 123 questionnaires were usable. A majority of participants were male (65.9%) and had at least 10 years of experience in pharmacy practice (76.4%). Based on responses, among intra-organizational dimensions, product (0.89), leadership (0.86) and promotion (0.82) were three most influencing items, and price (0.37) was the least important one. Related to extra-organizational factors, participants (0.86) and regulatory issues (0.58) achieved the highest and lowest scores, respectively. Among performance assessment items, clients' results (0.76) and society results (0.22) set at the first and last priority, respectively. **CONCLUSIONS:** According to the results of this study, effort seems necessary to increase Iranian community pharmacies alertness toward the societal outcomes of their activities. On the other hand, the present study provides local decision makers and researchers with a comprehensive collection of items involved in community pharmacy area, which is also applicable in other countries after minor modifications based on their local issues.

**PHP167****INFLUENCE OF SOME FACTORS ON THE MORPHOLOGICAL STRUCTURE OF SPERMATOOA IN STRAIGHT INTESTINE DURING FORENSIC - MEDICAL EXAMINATION OF SODOMY**

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**OBJECTIVES:** Is to study the changes of the morphological structure of spermatozoa in straight intestine of corpses and assessment of the impact of temperature and microflora on their safety during forensic - medical examination of sodomy. **METHODS:** Material research were tampons with the content of straight intestine of 46 corpses of men, conserved at room temperature of + 18 ± 3° C and in the refrigerator at temperature of + 4 ± 3° C. **RESULTS:** A quantity of Escherichia coil in the content of straight intestine of corpses was 23,21 ± 0,64% at temperature of + 4° C ± 3, which was below 1.2 times (p < 0.001) than the same quantity obtained at room temperature (28,12 ± 0,81%). The content of bifidobacteria were stored in a refrigerator conditions, exceeded in 1,7 times (p < 0.001) than the data of room temperature (21,23 ± 1,12%). A quantity of proteus at room temperature was higher in 3.1 times (p < 0.001) than at temperature + 4° C ± 3 (2.31 ± 0,1%). The content of yeast fungi of the genus Candida at room temperature was 7,63 ± 0,04%, exceeded in 1,5 times (p < 0.001) than measures at temperature of 4 ± 3° C (5,01 ± 0,14%). Quantity of staphylococci (5,11 ± 0,02%) and streptococci (6,3 ± 0,05%) at a storage of corpses at room temperature was higher than 2,1 times in the refrigerator (p < 0.001) and 2 times (p < 0.001). Whole spermatozoa were not found in any field of view on microscopic study, to 9,36 ± 1,16 days in. Complete lysis of spermatozoa was observed at 17,3 ± 1,8 days. **CONCLUSIONS:** Thus, at low temperatures spermatozoa are destroyed in about 2 times more slowly due to reduced activity of microorganisms and slow the autolytic process.

**PHP168****EFFICIENCY ANALYSIS OF SURGICAL STAPLERS COMPARED TO MANUAL SUTURE FOR OPEN AND LAPAROSCOPIC SURGERY**

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**OBJECTIVES:** Although surgical staplers have been employed in different surgical procedures an efficiency analysis is necessary to support decisions for incorporation in Brazilian public health system (SUS). The objective was to determine the impact of surgical staplers in costs, surgical outcome and related complications in comparison to the manual suture. **METHODS:** Search strategy was performed using the following PICO elements: open and laparoscopic surgery (population), surgical staplers (intervention), manual suture (comparator), costs, surgical time and post-operative complications (outcome). An extensive search among health sciences databases (Pubmed, Embase, The Cochrane Evidence Portal, and HTA) and the site of Brazilian Ministry of Health from 2008 to 2014. The perspective of costs and impact was of the Hospital. **RESULTS:** 65 publications were identified by search by title and abstract according to quality of evidence; seven studies were selected: two systematic review with metanalysis, four systematic review and one clinical trial randomized. The studies evaluated gastrointestinal and lung surgery showing similar clinical outcome between surgical staplers and manual suture.

The metanalysis studies demonstrated that the surgical staplers contributed with insignificant reduction of surgical time (5.18 and 1.56 minutes). Considering institutional costs at our Hospital, from January to September, 2014, surgical staplers and charge spent R\$331,477.29 (€ 9544.83), 25% higher than the value reimbursed by the Brazilian health public system (SUS). **CONCLUSIONS:** Considering the literature evidence and costs analysis for our scenario the Hospital restricted the surgical stapler use exclusively for surgeries in which it is reimbursed by the public system of Brazilian health.

**PHP169****REAL-WORLD DATA ON MULTIPLE COMORBIDITIES AMONG PATIENTS WITH HEPATITIS C: CONSIDERATIONS FOR PATIENT CARE AND PROGNOSIS**

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**OBJECTIVES:** Infection with hepatitis C virus (HCV), which affects approximately 3% of the global population, may be associated with extra-hepatic manifestations such as cardiovascular diseases, lymphoproliferative diseases, diabetes and renal impairment, which contribute to the burden of HCV and may impact patient care and prognosis. Therefore, the objective of this study was to describe the prevalence of multiple comorbidities among patients ± HCV in a large health maintenance organization (HMO). **METHODS:** The study was performed using the computerized databases of Maccabi Healthcare Services (MHS), a 2-million-member HMO representing a quarter of the population in Israel. Patients enrolled in MHS in 2012 with a record of HCV infection were identified by cross-linking physician diagnoses, laboratory tests (e.g. detection of HCV antibodies and RNA) and dispensed prescriptions for HCV treatment. A matched group of patients with no indication of HCV infection was selected by individual matching (1:4) on sex, age, origin, and district of residence. Comorbidities were identified using the MHS automated patient registries, the National Cancer Registry, and International Classification of Disease, 9th edition, diagnoses. Prevalence of comorbidities was estimated for each group (i.e. patients ± HCV). **RESULTS:** The mean age of HCV patients was 49 years (n=10,521; 43% female). Preliminary results indicate that compared to matched HCV-negative patients (n=42,084), HCV patients had a higher prevalence of multiple comorbidities, including diabetes, stroke, atrial fibrillation, hypertension and chronic kidney disease. HCV patients were also more likely to have a history of smoking and substance abuse. **CONCLUSIONS:** The study results indicate that multiple comorbidities are prevalent among HCV patients. As we move into a new era of HCV treatment, it is important to monitor extra-hepatic manifestations in real-world settings and to assess the potential implications of multiple comorbidities on patient care and prognosis.

**PHP170****ACCEPTANCE OF CLINICALLY RELEVANT PRIMARY STUDY ENDPOINTS IN THE GERMAN HEALTH TECHNOLOGY ASSESSMENT PROCESS: ANALYSIS OF FIVE DIFFERENT DISEASE AREAS**

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**OBJECTIVES:** The introduction of AMNOG law in Germany in January 2011 stipulated an early benefit assessment (EBA) for new medicines. EBAs determine the extent of additional therapeutic benefit that a drug has on patient-relevant endpoints. We examined the acceptance of clinically acknowledged primary endpoints (PEs) from regulatory trials in EBAs conducted by the German Federal Joint Committee (G-BA). **METHODS:** For drugs in five disease areas (oncology, diabetes, hepatitis C [HepC], multiple sclerosis [MS] and idiopathic pulmonary fibrosis [IPF]), EBAs and regulatory assessments were reviewed. The G-BA website was used to obtain manufacturers' value dossiers and G-BA appraisals. Endpoints used in pivotal trials were obtained from the Summary of Product Characteristics available from the European Medicines Agency website. Acceptance of PEs by the G-BA was compared to acceptance by regulatory authorities. **RESULTS:** In 4 disease areas (diabetes, HepC, MS and IPF), PEs only addressed the dimension of morbidity; in oncology, they covered the dimensions of morbidity and of mortality. Acceptance of PEs by the G-BA differed between the evaluated disease areas. Both the G-BA and regulatory bodies accepted mortality PEs. The G-BA did not accept morbidity PEs in diabetes and IPF and only partially accepted them in oncology and MS, whereas they were fully accepted in HepC. More specifically, widely accepted morbidity PEs were not deemed patient-relevant by the G-BA in three of five evaluated disease areas (progression-free survival in oncology, haemoglobin A1c in diabetes and change in forced vital capacity in IPF). None of the reviewed pivotal trials included quality of life (QoL) endpoints as PEs. **CONCLUSIONS:** Whereas there was largely agreement on the acceptance of mortality PEs (where provided), considerable variability in the acceptance of morbidity PEs was observed between regulatory bodies and the G-BA. Established morbidity PEs were frequently not, or only partially, accepted by the latter.

**PHP171****AN OVERVIEW OF REVIEWS OF THE CLINICAL EFFECTIVENESS OF GENERIC CHRONIC DISEASE SELF MANAGEMENT SUPPORT INTERVENTIONS**

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**OBJECTIVES:** Chronic diseases (CDs) are the leading cause of mortality, typically reduce quality of life, and represent a substantial financial burden. Generic CD self-management support (SMS) interventions that can be applied across a range of CDs are proposed as an adjunct to best medical care to reduce unscheduled health care utilisation and improve quality of life. However, there is uncertainty regarding the optimal SMS format and the short- and long-term benefits. This review